

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 04/840167 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		4				
6		4				
7		4				
8	1					
9		1				
10		1				
11		1				
12		4				
13		4				
14		4				
15	1					
16		1				
17		1				
18		1				
19		1				
20		1				
21		6				
22		6				
23		6				
24	1					
25	8					
26	1					
27	1					
28		1				
29	1					
30		1				
31	1					
32		1				
33		2				
34	1					
35		1				
36		2				
37		2				
38		2				
39	1					
40		1				
41	1					
42		1				
43	1					
44		1				
45		2				
46		2				
47		2				
48	1					
49		1				
50		2				
TOTAL IND.			9			
TOTAL DEP.			10			
TOTAL CLAIMS			79			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2				
52		2				
53	1					
54		1				
55		2				
56		2				
57		2				
58						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831